

12/07/10 10:36:05  
DK W BK 648 PG 74  
DESOTO COUNTY, MS  
W.E. DAVIS, CH CLERK

**Prepared By and Return To:**  
**Baskin McCarroll McCaskill**  
**Aldridge & Campbell, P.A.**  
**P.O. Box 190**  
**Southaven, MS 38671**  
**(662) 349-0664**  
**Bar No.: 09405**  
**File No.: 810092**

Grantor(s) Name and Address:  
Anna L. Reynolds  
7386 Osborn Meadows Road  
Arlington, TN 38002  
Home: 901-216-4459  
Work: N/A

Grantee(s) Name and Address:  
Russell C. Evans  
Debra L. Evans  
2116 Custer Drive  
Southaven, MS 38671  
Home: 901-570-3536:  
Work: N/A

## WARRANTY DEED

FOR AND IN CONSIDERATION of the sum of Ten and No/100 Dollars (\$10.00), cash in hand paid and other good and valuable consideration, the receipt of all which is hereby acknowledged, Grantor(s), **Anna L. Reynolds, a/k/a/ Anna D. Reynolds**, does hereby sell, convey and warrant unto Grantee(s) **Russell C. Evans and Debra L. Evans**, husband and wife, as tenants by the entirety with full right of survivorship and not as tenants in common, all my right, title and interest in the land lying and being situated in DeSoto County, Mississippi, being more particularly described as follows, to wit:

**Lot 2470, Section L, Southaven West Subdivision, situated in Section 27, Township 1 South, Range 8 West, DeSoto County, Mississippi, as per plat thereof recorded in Plat Book 4, Page 51, in the office of the Chancery Clerk of DeSoto County, Mississippi.**

The warranty in this Deed is subject to right(s)-of-way and easements of record for public roads and public utilities, subdivision and zoning regulations in effect, prior reservations of oil and mineral right, all applicable building restrictions and restrictive covenants of record in the office of the Chancery Clerk of DeSoto County, Mississippi.

By way of explanation J. P. Goodson Reynolds, Jr. departed this life on January 2, 1980 in Shelby County, Tennessee, as per the attached copy of the death certificate.

Taxes for the current year are to be prorated as of today's date and possession is to be given with delivery of this Deed.

WITNESS the signature of the Grantor(s), this the 3rd of December, 2010.

Anna L. Reynolds  
Anna L. Reynolds

State of MISSISSIPPI  
County of DESOTO

THIS DAY personally appeared before me, the undersigned authority within and for the State and County aforesaid, Anna L. Reynolds, who acknowledged that she signed, executed and delivered the above and foregoing Warranty Deed on the day and year therein mentioned.

GIVEN under my hand and official seal on this the 3 rd of December, 2010.

My Commission Expires



Cathie Richardson  
NOTARY PUBLIC

# CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF PUBLIC HEALTH  
VITAL RECORDS

DK W BK 648 PG 76

BIRTH NO. \_\_\_\_\_

STATE FILE NO. \_\_\_\_\_

DECEASED—NAME		FIRST	MIDDLE	LAST	DATE OF DEATH (MONTH, DAY, YEAR)	
1. JACOB PECK GOODSON REYNOLDS, JR.					2. JANUARY 2, 1980	
AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR	DATE OF BIRTH (MONTH, DAY, YEAR)		RACE (WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY))	SEX	
3a. 52	3b. MO. DAYS	4. JUNE 14, 1927		5. WHITE	6. MALE	
COUNTY OF DEATH	CITY, TOWN OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, SPECIFY PRIVATE RESIDENCE, BUSINESS, STREET, ETC.)		IF HOSP. OR INST. INDICATE DOA, OP, Emer. Rm., Intensive (Specify)
7a. SHELBY	7b. MEMPHIS		7c. YES	7d. METHODIST HOSPITAL - SO.		7e.
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)	CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MACHEN NAME)	
8. KY	9. U.S.A.		10. MARRIED		11. ANNA L. DOWNING	
RESIDENCE—STATE	SERVICE IN ARMED FORCES (SPECIFY WAR OR DATES OF SERVICE)	USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY		
12a. MS	12b. 9058	13a. MASTER CHIEF		13b. U.S. NAVY		
FATHER—NAME	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER		INSIDE CITY LIMITS (SPECIFY YES OR NO)	CENSUS TRACT NO.
14a. SR.	14b. DE SOTO	14c. SOUTHAVEN	14d. 2116 CUSTER		14e. YES	14f.
MOTHER—MAIDEN NAME		INFORMANT—NAME		MAILING ADDRESS		
15. J.P. GOODSON REYNOLDS, SR.		15. JESS ELIZABETH COWLES		15. ANNA L. REYNOLDS SAME AS 14d 38671		
BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY)	DATE (MONTH, DAY, YEAR)	CEMETERY OR CREMATORY—NAME		LOCATION CITY OR TOWN STATE		
18a. BURIAL	18b. 1-4-80	18c. MEMORIAL GDS.		18d. UNION CITY TN		
FUNERAL DIRECTOR (SIGNATURE)	LICENSE NO.	EMBALMER (SIGNATURE)	LICENSE NO.			
19a. <i>[Signature]</i>	19b.	19c. <i>[Signature]</i>	19d.			
FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR		
20. FOREST HILL FUNERAL HOME - SOUTH 2545 E. HOLMES RD. MEMPHIS, TN 38118		21a. <i>[Signature]</i>		21b. 1-17-80		
PHYSICIAN—CERTIFY THAT THE DEATH OCCURRED AT THE PLACE, ON THE DATE, AND DUE TO THE CAUSE(S) STATED.		SIGNATURE		TITLE		
22a. <i>[Signature]</i>		22b. M.D.		22c. 1/14/80		
MEDICAL EXAMINER—ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.		SIGNATURE		TITLE		
23a. <i>[Signature]</i>		23b.		23c.		
CERTIFIER—NAME (TYPE OR PRINT)		MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP				
24a. Edwin L. Scott, M.D.		24b. 4274 Faronia Road, Memphis, Tenn. 38116				
25. PART I. DEATH WAS CAUSED BY:		(ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))				INTERVAL BETWEEN ONSET AND DEATH
(a) Ruptured splenic artery						4 hrs.
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a) (b) Aneurysm, tentative						Unknown
LYING CAUSE LAST (c)						
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)						AUTOPSY (YES OR NO)
Cirrhosis of liver						25. Yes
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	DESCRIBE HOW INJURY OCCURRED			
27a.	27b.	27c. M.	27d.			
INJURY AT WORK (SPECIFY YES OR NO)	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG. ETC. (SPECIFY)	LOCATION	STREET OR R.F.D. NO. CITY OR TOWN		STATE	
27e.	27f.	27g.				